

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/06/2015
NAME OF PROVIDER OR SUPPLIER SULLIVAN COUNTY COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 N SECTION ST SULLIVAN, IN 47882		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) state complaint.</p> <p>Complaint Number: IN00157028 Substantiated; Deficiencies related to allegation cited</p> <p>Date of survey: 1/5/15 through 1/6/15</p> <p>Facility number: 005013</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA Review: JLee 01-29-15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job</p>	S 912		2/9/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure the nursing staff followed facility policy related to discharge instructions for 2 of 4 patients. (patient #1N and 4N)</p> <p>Findings include;</p> <p>1. Facility policy titled "Skin Assessment and Treatment" last revised 4/13 states on page 2: "9. If the patient has developed or has skin impairments, the nurse upon discharge will document on the discharge instructions form the latest skin assessment and treatment."</p> <p>2. Review of patient #1N medical records indicated the following: (A) The medical record for the 12/21/13 stay indicated on his/her admission assessment that the patient had two (2) stage II ulcers on the inner buttock area. (B) The discharge instructions did not include care/treatment of the ulcers on the patients buttocks per facility policy.</p>	S 912		

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S 912	Continued From page 2 3. Review of patient #4N medical record indicated the following: (A) The medical record indicated he/she had a stage I area to the coccyx on admission. (B) The discharge instructions did not include care/treatment of the area on the patients coccyx per facility policy. 4. Staff member #A2 (Chief Nursing Officer) verified in interview beginning at 2:15 p.m. on 1/6/15 that the pressure areas were not included on the discharge instructions for patients #1N and 4N per facility policy.	S 912		
S 932	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(4) (b) The nursing service shall have the following: (4) The nursing staff shall develop and utilize an ongoing individualized plan of care based on standards of care for each patient. This RULE is not met as evidenced by: Based on document review and interview, nursing services failed to ensure a plan of care was developed per facility policy related to skin impairment for 2 of 4 patients. (patients #1N and 4N) Findings include; 1. Facility policy titled "Skin Assessment and Treatment" last revised 4/13 states on page 1:	S 932		2/9/15

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S 932	<p>Continued From page 3</p> <p>"6. If a patient is admitted to Med/Surg or ICU, Nursing will use the Braden Scale for skin risk assessment q6h (If the Braden Scale is <18 and/or at risk nursing will initiate the (Diagnosis) Potential for Skin Integrity Impairment to be added to the Patient's Plan of Care which includes the interventions for Skin Care....."</p> <p>2. Review of patient #1N medical records indicated the following: (A) The medical record for the 12/21/13 stay indicated on his/her admission assessment that the patient had two (2) stage II ulcers on the inner buttock area. The patients Braden (skin assessment) scores ranged from 15-18. (B) The pressure ulcers and Braden score <18 would have triggered an addition to the plan of care per policy, however the plan of care lacked information related to the ulcers or low Braden Score.</p> <p>3. Review of patient #4N medical record indicated the following: (A) The medical record indicated he/she had a stage I area to the coccyx on admission. His/her Braden scale scores were 17 and 18. (B) The pressure ulcers and Braden score <18 would have triggered an addition to the plan of care per policy, however the plan of care lacked information related to the ulcer or low Braden Score.</p> <p>4. Staff member #A2 (Chief Nursing Officer) verified in interview beginning at 2:15 p.m. on 1/6/15 that the medical records for patients #1N and 4N did not contain updates to the plan of care related to pressure areas as required by policy.</p>	S 932		